STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968394	05/01/2018
NAME OF PROVIDER OR SUPPLIER **PARADISE LOVE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 NE 9TH CT** **CAPE CORAL, FL 33909**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Paradise Love ALF Inc., an assisted living facility (license # 12301) in Cape Coral, Florida.

The following is description of the deficiencies:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and staff interview, the facility failed to provide appropriate assistance with self administration of medications for 1 (Resident #1) out of 2 residents observed.

The findings included:

During an observation on at 7:51 a.m., Staff A unlocked the medication cabinet. She took the medication package for Resident #1. She came to the table where Resident #1 was sitting having breakfast. She told the resident, "here are your pills." She placed them in a foam cup and observed resident taking the pills. Staff A did not read the medication's label out loud to the resident. It was also observed that the Medication Observation Record (MOR) was pre marked for Resident #1 and all other residents in the facility.

The Administrator acknowledged on at 2:45 p.m., that Staff A did not follow appropriate procedure when assisting Resident #1 with her medications.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record reviewed, observation and staff interview facility failed to ensure an accurate Medication Observation Record (MOR) was kept for 6 (Residents #1, #2 , #3, #4, #5, and #6) out of 6 residents.

The findings included:

1. Medication Observation record (MOR) review on at 7:49 a.m., found that the morning medications were marked as given for all 6 residents even though residents had not yet receive their morning medications.

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2. On . . . . at 8:31 a.m., Staff B went to Resident #5. Resident #5 was having breakfast in the dining the time. Staff B placed the medication packet next to the resident and started comparing the medication to the MOR. She realized the MOR was marked in advance. She started reading the medications out loud to the resident and as she was reading them she marked the time she was assisting under each medication. Staff B placed medications from the packet to a plastic cup and observed resident taking them. When asked on at 8:45 a.m., what was the meaning of the Medication Observation Record, Staff B (administrator) could not provide an answer. Whe asked what was the purpose of the medication book she said: "to write the medications and to sign every time they take it."

The Administrator acknowledged that Staff A marked the MOR in advance for all 6 residents before she observed them taking their medications.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and staff interview, facility failed to obtain a complete resident record including documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 (Resident #1) out of 2 residents' records reviewed.

The findings included:

Record review for Resident #1 found she was admitted to the facility on . . . . Further review found that Resident #1's daughter signed resident's agreement and all other supporting documents. There was no documentation in the record of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for Rresident #1.

During an interview on . . at 1:30 p.m., the administrator said that Resident #1's daughter was in the process of obtaining all the paperwork. Said she did not have the document on premises. Said she will call the daughter right away.

Class